

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

86
FILED FEB 11 1963

5329

8-1943

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuba, <i>Copkitt</i>		c. CITY OR TOWN Sullivan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. #1		d. STREET ADDRESS (If outside, give location) 401 Sappington Br. Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last Jennie Alice Flanagin		4. DATE OF DEATH Month Day Year Feb. 4, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	
13a. FATHER'S NAME William Dean		13b. MOTHER'S MAIDEN NAME Betty Hill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Oscar Flanagin, Sullivan, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Appoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis, Arteriosclerosis DUE TO (c) Hypertension		12. CITIZEN OF WHAT COUNTRY U.S.A. INTERVAL BETWEEN ONSET AND DEATH 10 days long time	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2.	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 3, 1963 to Feb. 4, 1963 and last saw her him alive on Feb. 3, 1963 Death occurred at 9 AM, Feb. 4, 1963 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H.P. Royce M.D.</i>		22b. ADDRESS 316 Elm St Sullivan, Mo.	
22c. DATE SIGNED 2/4/63		23a. NAME OF CEMETERY OR CREMATORY Spring Cave, Bap. Ch. Cem.	
23b. DATE 2/7/1963		23d. LOCATION (City, town, or county) R.R. Sullivan, Mo.	
24. FUNERAL DIRECTOR H.M. Eaton, Sullivan, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 7, 1963	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0280
2 0281
3
4 1
5 1
6
7 0
8 2
9443X
10
11
12 91-0
13 1-0

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James M. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.